



Document intent:

This document describes the reasons and codes that contracted providers receive when a claim is rejected.

CareCentrix Claim Rejection Code Guide

REJECTION CODE	CATEGORY CODE DESCRIPTION	STATUS CODE DESCRIPTION	ENTITY CODE DESCRIPTION	CARECENTRIX EXPLANATION	PROVIDER REMEDIATION STEPS
<p><i>This column contains the claim rejection codes returned on a 277CA EDI transaction. Each code actually consists of 3 separate codes that are concatenated and delineated by a colon:</i></p> <p>CATEGORY:STATUS:ENTITY</p>	<p><i>This column contains the industry standard description for the first of the 3 codes that make up a rejection code known as the CATEGORY. This code conveys the broad claim status category, i.e. If the claim was accepted, rejected, rejected due to missing information, or rejected due to invalid information.</i></p>	<p><i>This column contains the industry standard description for the second of the 3 codes that make up a rejection code known as the STATUS. This code gives you more details on the reason the claim was rejected. If the first code, CATEGORY, indicated that data was missing or invalid, this code will tell you which specific field is in error.</i></p>	<p><i>This column contains the industry standard description for the third of the 3 codes that make up a rejection code known as the ENTITY. It is WHO the STATUS is referring to. NOTE: This code is situational and not always provided.</i></p>	<p><i>This column contains CareCentrix's explanation for the rejection.</i></p>	<p><i>This column contains any steps that the provider can take prior to submitting a new claim for acceptance.</i></p>
A3:107	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services) Claim processed in accordance with contract provisions. (Please see Health Plan/ Healthcare Provider contract for provisional details)		Sleep study billed is not on the provider's fee schedule with CareCentrix.	Review your CareCentrix Service Authorization Form (SAF) and bill according to the approved services.
A3:109:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity not eligible.	Patient	Patient first name, last name, DOB and/or subscriber ID are invalid or incomplete.	<p>Verify the following patient information accurately matches the Patient's insurance card and the CareCentrix Service Authorization form(if applicable): Patient first name, last name, DOB, and subscriber ID.</p> <p>Also, verify that the patient is eligible for the date(s) of service submitted.</p>
A3:116	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Claim submitted to incorrect payer.		This Claim should not be billed to CareCentrix. The dates of service may be before or after the CareCentrix contract dates with the Health Plan, or the service being billed is not on the Health Plan fee schedule.	Verify the dates of service and the HCPCS being billed. If accurate, submit this claim directly to the Health Plan carrier. Otherwise, submit a new claim with the correct information to CareCentrix.
A3:122:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Missing/invalid data prevents payer from processing claim.	Billing Provider	Patient and provider not found in CareCentrix system.	<p>Verify the following patient information accurately matches the Patient's insurance card and the CareCentrix Service Authorization form(if applicable): Patient first name, last name, DOB, and subscriber ID.</p> <p>Also verify that the Provider's NPI and address both match the CareCentrix Service Authorization Form.</p>
A3:122:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Missing/invalid data prevents payer from processing claim.	Patient	Patient first name, last name and date of birth must match data in CareCentrix intake/eligibility system.	Verify that the patient's demographic information including patient first name, last name, DOB, and subscriber ID is accurate and matches the patient's insurance card.
A3:124:DN	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's name, address, phone and ID number.	Referring Provider	Referring physician information is missing or invalid.	Verify that the referring physician information is accurate and included on the claim.
A3:125:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's name.	Billing Provider	Billing provider name is missing or invalid.	Verify that the claim is submitted with correct billing provider name.
A3:125:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's name.	Patient	Patient first name, last name and date of birth must match the patient information in CareCentrix system.	Verify that the patient's demographic information including (patient first name, last name, DOB, and subscriber ID) is accurate and matches the patient's insurance card. Coverage must be active for date of service

A3:126:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's address.	Patient	Patient street address, city, state, and/or zip code is missing.	Verify that the claim is submitted with the patient's street address, city, state, and zip.
A3:145:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's specialty/taxonomy code.	Billing Provider	Taxonomy code missing or invalid.	Verify that a valid Billing Provider's taxonomy code is submitted on claim.
A3:153:82	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's ID number.	Rendering Provider	Rendering provider NPI billed is not on file.	Verify that the rendering NPI submitted is on file with CareCentrix provider services.
A3:153:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's ID number.	Billing Provider	ERA Enrolled Provider -NPI Failure. ERA enrolled provider NPI mismatch.	Verify that the billing and/or rendering provider ID submitted on claim matches ERA provider ID on file.
A3:153:DN	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's ID number.	Referring Provider	Invalid or missing referring provider NPI.	Verify that the referring physician NPI submitted on claim is correct.
A3:157:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's gender.	Patient	Patient gender missing.	Verify that the patient's gender is submitted on the claim.
A3:158:QC	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Entity's date of birth.	Patient	Patient date of birth submitted does not match the date of birth on file at CareCentrix.	Verify that the patient's date of birth submitted on the claim is accurate.
A3:187	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Date(s) of service.		Claim includes future dates of service.	Verify that both the TO and FROM dates of services on the claim are prior to or equal to the date the claim is submitted to CareCentrix.
A3:249	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Place of service.		Place of service is missing or invalid	Verify that the claim billed includes the correct place of service.
A3:255	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Diagnosis code.		Invalid diagnosis code.	Verify that a valid diagnosis code is submitted.
A3:258	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Days/units for procedure/revenue code.		HCPCS units should be submitted as a whole number without decimals or fractional units.	Verify that all units are rounded to the nearest whole number.
A3:453	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Procedure code modifier(s) for service(s) rendered.		HCPCS and modifier combination billed is not consistent with the HCPCS modifier combination on provider's fee schedule.	Verify that the claim was billed with the correct HCPCS/modifier combination per the CareCentrix Fee Schedule.
A3:499:85	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	No rate on file with the payer for this service and entity.	Billing Provider	HCPCS and modifier combination billed is not consistent with the HCPCS modifier combination on provider's fee schedule.	Verify that the claim was billed with the correct HCPCS/modifier combination per the CareCentrix Fee Schedule.
A3:499:MR	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	No rate on file with the payer for this service and entity.	Payer	HCPCS and modifier combination billed is not consistent with the HCPCS modifier combination on payer's fee schedule.	Verify that the claim was billed with the correct HCPCS/modifier combination per the CareCentrix Fee Schedule.
A3:535	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Claim frequency code.		Rejected due to invalid claim frequency code. The corrected claim, also known as a Void and Replacement claim (Frequency 7 transaction), was rejected because the original claim is still pending adjudication.	Please wait until you receive the 835/EOP remittance advice for the original claim. Then include the CareCentrix claim number returned on the 835/EOP on your corrected claim.
A6:145:1P	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Entity's specialty/taxonomy code.	Provider	Taxonomy code missing or invalid.	Verify that the Billing provider's taxonomy code is submitted on claim.
A6:171	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Other insurance coverage information (health, liability, auto, etc.).		CareCentrix does not accept Medicare Primary claims for this Health Plan.	If the member's primary coverage is Medicare, submit the claim directly to Medicare.
A6:187	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Date(s) of service.		A date <u>span</u> should not be submitted for services billed with a unit of measure in visits or hours.	Rebill the claim with a valid date of service for services rendered.

A6:216	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Drug information.		National Drug Code (NDC) fields missing or format is invalid.	Review the NDC information billed and ensure its accuracy.
A6:454	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Procedure code for services rendered.		Claim rejected due to missing HCPCS code. At least one HCPCS code required with a valid HIPPS code.	Rebill the claim with a valid HCPCS code.
A6:513	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	HIPPS rate code for services rendered.		Claim rejected due to missing HIPPS code. All Medicare THH claims require a valid HIPPS code.	Rebill the claim with a valid HIPPS code.
A6:658	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.	Treatment code.		Claim rejected due to missing Treatment Authorization Code (TAC). This Medicare Advantage plan requires a TAC with the HIPPS code.	Rebill the claim with a valid Treatment Authorization Code (TAC).
A7:116	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Claim submitted to incorrect payer.		This claim should not be submitted to CareCentrix.	The claim should be billed to the patient's carrier.
A7:145:1P	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's specialty/taxonomy code.	Provider	Billing provider taxonomy code missing or invalid.	Verify that a valid taxonomy code is submitted on claim.
A7:157:QC	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's gender.	Patient	Patient Gender missing.	Rebill claim with valid patient gender.
A7:218	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	NDC number.		NDC fields missing or format is invalid.	Review the NDC information billed and ensure its accuracy.
A7:249	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Place of service.		Rejected due to invalid place of service.	Verify that the claim billed includes the correct place of service.
A7:252:QC	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's authorization/certification number.	Patient	Patient first name, last name, DOB and/or subscriber ID are invalid or incomplete.	Verify that the patient's demographic information (patient first name, last name, DOB, and subscriber ID) matches the Service Authorization Form (SAF) and the patient's insurance card. If the information on the SAF is not accurate, please contact CareCentrix to have it updated.
A7:255	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Diagnosis code.		Invalid diagnosis code.	Verify that the diagnosis code submitted is valid.
A7:258	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Days/units for procedure/revenue code.		HIPPS code must be billed with a unit value of 1. Claim rejected due to the number of units billed NOT equal to 1.	Verify that HIPPS codes submitted on the claim have a unit value of 1 and billed charges of zero.
A7:26:82	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity not found.	Rendering Provider	Rendering provider not on file.	Verify that the rendering provider NPI submitted on the claim is correct for the rendering provider location, and that it matches the CareCentrix Service Authorization Form. If you feel the correct NPI has been billed, please contact CareCentrix Provider Services @ 877-725-6525 to have your rendering provider NPI reviewed and possibly added or updated in our system. Otherwise, rebill with corrected information.

A7:26:85	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity not found.	Billing Provider	Billing provider not on file.	Please verify that the billing provider NPI submitted on the claim is the correct NPI for the billing provider location. If you feel the correct NPI has been billed, please contact CareCentrix Provider Services @ 877-725-6525 to have the billing provider NPI reviewed and possibly added or updated in our system. Otherwise, rebill with corrected information.
A7:33	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Subscriber and subscriber ID not found.		Invalid subscriber ID.	Verify the patient information accurately matches the subscriber ID on the patient's insurance card.
A7:476	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Missing or invalid units of service.		Units billed do not match the date span billed.	Verify that the date span submitted on the claim is valid, and that the units are appropriate.
A7:481	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Claim/submission format is invalid.		Services should be billed on proper claim form.	Ensure that any Traditional Home Health (THH) services for this patient are billed on an institutional form/transaction.
A7:513	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	HIPPS-rate code for services rendered is not valid.		HIPPS line was submitted with an invalid HIPPS code.	Verify that any institutional claim line with a revenue code of '0022', '0023' or '0024' contains a valid HIPPS code.
A7:562:85	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's National Provider Identifier (NPI).	Billing Provider	Billing provider NPI is incorrect, invalid, or not on file.	Please verify that the billing provider NPI submitted on the claim is the correct NPI for the billing provider location. If you feel the correct NPI has been billed, please contact CareCentrix Provider Services @ 877-725-6525 to have your billing provider NPI reviewed and possibly added or updated in our system. Otherwise, rebill with corrected information.
A7:562:1P	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's National Provider Identifier (NPI).	Provider	<u>Referring</u> provider's first name, last name and NPI are missing or invalid. -OR- The <u>rendering</u> provider's NPI is not on file.	Please verify that the referring provider information is submitted on the claim. If you feel the correct referring provider information has been billed, please contact CareCentrix Provider Services @ 877-725-6525 to have your and/or the referring provider's NPI reviewed and possibly added or updated in our system. Otherwise, rebill with corrected information.
A7:562:82	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's National Provider Identifier (NPI).	Rendering Provider	Rendering provider NPI is missing or invalid, or not on file.	Verify that the rendering provider NPI submitted is correct. If you feel the correct rendering provider information has been billed, please contact CareCentrix Provider Services @ 877-725-6525 to have your NPI reviewed and possibly added or updated in our system. Otherwise, rebill with corrected information.
A7:583	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Line item charge amount.		HIPPS line contains billed charges in greater than \$0.00.	Verify that any institutional claim HIPPS line (with a revenue code of '0022', '0023' or '0024') contains billed charges of zero.
A7:674	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Authorization exceeded.		Days billed on the claim exceeds days authorized.	Review your CareCentrix Service Authorization Form (SAF) and bill according to the approved dates and service units.
A7:720	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	NUBC occurrence-code date(s).		An occurrence code is present on the claim that requires a corresponding date.	Verify that the occurrence code billed has a valid corresponding date submitted in the MMDDYY format.
A7:743:1P	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's credential/enrollment information.	Provider	Provider credentialing is not on file/loaded for plan billed.	Contact CareCentrix Provider Services @ 877-725-6525 to verify that the NPI is on file for the health plan billed.

A7:26:QC	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected	Entity not found. Note: This code requires use of an Entity Code.	Patient	Effective 8/26/17 this code has replaced A3/109/QC & A7/252/QC - Patient not found Patient first name, last name, DOB and/or subscriber ID are invalid , incomplete and or no match found on file with CareCentrix.	Verify that the patient's demographic information (patient first name, last name, DOB, and subscriber ID) matches the Service Authorization Form (SAF) and the patient's insurance card. In addition, verify the patient is eligible for the date of service billed as well as ensuring the information on the SAF is accurate, please contact CareCentrix to have it updated if changes are needed.
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